

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **37985**  
Registrar's No. **9855**

FILED NOV 24 1948

Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Mo. Baptist Hospital**  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution **7-days**  
In this community **3-years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ersilia Conley**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W.**  
6. (b) Name of husband or wife **Frank Conley** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Sept. 14th., 1870**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **1** Days **28** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Roverete Italy**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

12. Name **Francis Menestrina**

13. Birthplace **Italy**  
(City, town, or county) (State or foreign country)

14. Maiden name **Philippina Grandi**

15. Birthplace **Italy**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Anna Menestrina**

(b) Address **4480 Laclede Ave.**

17. (a) **Burial** (b) Date thereof **11-15-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cemetery**

18. (a) Signature of funeral director **Arthur J. Connelley**

(b) Address **3840 Lindell Blvd.**

19. (a) **NOV 13 1948** (b) **J. B. Pasater**  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4480 Laclede Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **12th.**, year **1948** hour **5** minute **40** a.m.

21. I hereby certify that I attended the deceased from **Jan 29**, 19**47**, to **Nov 11**, 19**48**.  
that I last saw her alive on **Nov 11**, 19**48**, and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **1 week.**

Due to **Cerebral arteriosclerosis** **2 years**

Due to **gla.**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **0**

23. Signature **J. E. Eversoll** (M. D. or other) **M.D.**

Address **6356 Clayton Road** Date signed **11-12-48**

Dr. N. J. EVERSOLE  
6356 Clayton Road  
3-6 pm.

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**